Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVS4093AGZ	A. BUILDING _____ B. WING _____	09/01/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JCR HOME CARE, INC	7160 DARBY AVENUE LAS VEGAS, NV 89117

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Y 000	Initial Comments The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of an annual State Licensure survey and complaint investigation conducted in your facility on 9/1/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for six Residential Facility for Group beds which provide care to persons with Alzheimer's disease, Category II residents. The census at the time of the survey was five. Five resident files were reviewed and four employee files were reviewed. One discharged resident file was reviewed. The facility received a grade of D. Complaint #NV00021770 was unsubstantiated. The following deficiencies were identified:	Y 000		
Y 088 SS=C	4493199(4) Staffing Schedule NAC 449.199 4. The administrator of a residential facility shall maintain monthly a written schedule that includes the number and type of members of the staff of the facility assigned for each shift. The schedule must be amended if any changes are made to the schedule. The schedule must be retained for at least 6 months after the schedule expires.	Y 088		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 088	Continued From page 1 This Regulation is not met as evidenced by: Based on record review and interview on 9/1/09, the facility failed to maintain a monthly staffing schedule that assigned specific employees to an assigned shift. Findings include: The staffing schedule provided indicated that two caregivers were at the facility every day but did not identify the times the caregivers were on duty. It was hard to determine whether a member of staff was awake at all times as required pursuant to NAC 449.2756 (1)(c). Severity: 1 Scope: 3	Y 088		
Y 103 SS=E	449.200(1)(d) Personnel File - NAC 441A NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee. This Regulation is not met as evidenced by: Based on record review on 9/1/09, the facility failed to ensure 2 of 4 employees complied with NAC 441A.375 regarding tuberculosis (TB) testing (Employee #2 - No pre-employment physical and 2-step TB test and #3 - No annual TB test since 1/12/07, reset 2-step TB test) for the protection of all residents.	Y 103		

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Y 103	Continued From page 2 This was a repeat deficiency from the 10/28/08 State Licensure survey. Severity: 2 Scope: 2	Y 103		
Y 105 SS=F	449.200(1)(f) Personnel File - Background Check NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive. This Regulation is not met as evidenced by: Based on record review on 9/1/09, the facility failed to ensure 3 of 4 employees met background check requirements (Employee #2, #3, and #4 - All missing signed Criminal History Statements, copy of fingerprints, and response letters from the State and FBI). This was a repeat deficiency from the 10/28/08 State Licensure survey. Severity: 2 Scope: 3	Y 105		
Y 172 SS=C	449.209(2) Health and Sanitation-Outside garbage NAC 449.209 2. Containers used to store garbage outside of the facility must be kept reasonably clean and must be covered in such a manner that rodents are unable to get inside the containers. At least once each week, the containers must be emptied	Y 172		

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Y 172	Continued From page 3 and the contents of the containers must be removed from the premises of the facility. This Regulation is not met as evidenced by: Based on observation on 9/1/09, the facility failed to ensure the outside trash container was covered. Severity: 1 Scope: 3	Y 172		
Y 177 SS=C	449.209(4)(d) Health and Sanitation-Dirt, Garbage, Refuse NAC 449.209 4. To the extent practicable, the premises of the facility must be kept free from: (d) Accumulations of dirt, garbage and other refuse. This Regulation is not met as evidenced by: Based on observation on 9/1/09, the facility failed to ensure the exterior of the facility was free of refuse. An old washing machine, broken chairs, used pool filters, bath tub, windows, doors and an unsecured old refrigerator were accumulated along the exterior west and north walls of the facility. Severity: 1 Scope: 3	Y 177		
Y 223 SS=F	449.213(3) Laundry-Linen - Equipment, Venting NAC 449.213	Y 223		

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Y 223	Continued From page 4 3. The laundry room in a residential facility must be situated in an area which is separate from an area where food is stored, prepared or served. The laundry must be adequate in size for the needs of the facility and maintained in a sanitary manner. The laundry room must contain at least one washer and at least one dryer. All the equipment must be kept in good repair. All dryers must be ventilated to outside the building. If a washer or dryer is located outside the residential facility, the washer or dryer must be in a room or enclosure. This Regulation is not met as evidenced by: Based on interview and observation on 9/1/09, the facility failed to ensure the dryer was vented to the outside. Employee #2 said the dryer had just been delivered and was not connected yet. Severity: 2 Scope: 3	Y 223		
Y 250 SS=F	449.217(1) Kitchens-Equipment works; Clean and Sanitary NAC 449.217 1. The equipment in a kitchen of a residential facility and the size of the kitchen must be adequate for the number of residents in the facility. The kitchen and the equipment must be clean and must allow for the sanitary preparation of food. The equipment must be in good working condition.	Y 250		

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Y 250	Continued From page 5 This Regulation is not met as evidenced by: Based on observation on 9/1/09, the facility failed to ensure the freezers in the kitchen and the hallway leading to the garage were kept clean. Frozen meat blood was pooled in the bottom of both freezers. The refrigerator/freezer in use on the back porch was not in good working order. Employee #2 stated the refrigerator compartment was not working. The freezer compartment temperature measured 40 degrees. The staff was refrigerating bacon, chicken and milk in the freezer compartment. Severity: 2 Scope: 3	Y 250		
Y 253 SS=F	449.217(4) Adequate Supplies of Food NAC 449.217 4. The administrator of a residential facility shall ensure that there is at least a 2-day supply of fresh food and at least a 1-week supply of canned food in the facility at all times. This Regulation is not met as evidenced by: Based on observation on 9/1/09, the facility failed to provide at least a 2-day supply of fresh food and at least a 1 week supply of canned food in the facility. Severity: 2 Scope: 3	Y 253		
Y 272 SS=C	449.2175(3) Service of Food - Menus NAC 449.2175	Y 272		

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Y 272	Continued From page 6 3. Menus must be in writing, planned a week in advance, dated, posted and kept on file for 90 days. This Regulation is not met as evidenced by: Based on observation and interview on 9/1/09, the facility failed to ensure a planned, dated and posted menu was available. Severity: 1 Scope: 3	Y 272		
Y 300 SS=G	449.218(1) Bedrooms - Size Requirements NAC 449.218 1. A bedroom in a residential facility that is shared by two or three residents must have at least 60 square feet of floor space for each resident who resides in the bedroom. A resident may not share a bedroom with more than two other residents. A bedroom that is occupied by only one resident must have at least 80 square feet of space. This Regulation is not met as evidenced by: Based upon observation and interview on 9/1/09, the facility had four beds set up in the male resident room. The facility had a total of nine resident beds (split amongst three resident bedrooms) which was three more beds than the facility license was approved for. Severity: 3 Scope: 1	Y 300		

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Y 391	Continued From page 7	Y 391		
Y 391 SS=F	449.226(2) Safety Requirements NAC 449.226 2. Stairways, inclines, ramps, open porches and other areas that are potentially hazardous for residents who have poor eyesight must be adequate lighted. This Regulation is not met as evidenced by: Based on interview and observation on 9/1/09, the facility failed to ensure adequate lighting in the east hallway. Employee #2 stated the hallway light does not work. The hallway light was a 4 watt night light bulb. Severity: 2 Scope: 3	Y 391		
Y 435 SS=C	449.229(4) Fire Extinguisher; Inspection NAC 449.229 4. Portable fire extinguishers must be inspected, recharged and tagged at least once each year by a person certified by the State Fire Marshall to conduct such inspections. This Regulation is not met as evidenced by: Based on observation on 9/1/09, the facility failed to ensure that 1 of 2 facility fire extinguishers were inspected annually. The fire extinguisher in the hallway leading to the garage was not inspected.	Y 435		

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Y 435	Continued From page 8 This was a repeat of the 10/28/09 State Licensure survey. Severity: 2 Scope: 3	Y 435		
Y 698 SS=D	Residents Requiring use of Oxygen-Storage 2. The caregivers employed by a residential facility with a resident who requires the use of oxygen shall: (b) ensure that: (5) All oxygen tanks kept in the facility are secured in a stand or to a wall; This REQUIREMENT is not met as evidenced by: Based on observation on 9/1/09, the facility failed to secure three oxygen tanks in a rack or to the wall in the garage. Severity: 2 Scope: 1	Y 698		
Y 876 SS=E	449.2742(4) NRS 449.037 NAC 449.2742 4. Except as otherwise provided in this subsection, a caregiver shall assist in the administration of medication to a resident if the resident needs the caregiver's assistance. A caregiver may assist the ultimate user of controlled substances or dangerous drugs only if the conditions prescribed in subsection 6 of NRS 449.037 are met. This Regulation is not met as evidenced by: Based on record review on 9/1/09, the facility failed to ensure that 1 of 4 employees had	Y 876		

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Y 876	Continued From page 9 documented evidence that the employee has successfully completed Medical management training and examination approved by the Health Division prior to assisting ultimate users of controlled substances or dangerous drugs at the facility (Employee #4). Severity: 2 Scope: 2	Y 876		
Y 890 SS=C	449.2744(1)(a)(1)-(4) Medication / Receipt Log NAC 449.2744 1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain: (a) A log for each medication received by the facility for use by a resident of the facility. The log must include: (1) The type and quantity of medication received by the facility. (2) The date of its delivery; (3) The name of the person who accepted the delivery; (4) The name of the resident for whom the medication is prescribed; and (5) The date on which any unused medications is removed from the facility or destroyed. This Regulation is not met as evidenced by: Based on observation and interview on 9/1/09, the facility failed to provide a log for each medication received by the facility for use by a resident of the facility for five of five residents	Y 890		

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Y 890	Continued From page 10 (Resident #1, #2, #3, #4, and #5). Severity: 1 Scope: 3	Y 890		
Y 896 SS=C	449.2744(1)(b)(2) Medication / MAR NAC 449.2744 1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain: (b) A record of the medication administered to each resident. The record must include: (2) The date and time that the medication was administered. This Regulation is not met as evidenced by: Based on record review on 9/1/09, the facility failed to ensure the medication administration record (MAR) included the date and time that medication was administered for five of five residents (Resident #1, #2, #3, #4 and #5). Findings include: The MAR was last initialed on 8/28/09 for all residents. Boniva, a medication prescribed to be given once a month for Residents #1 and #2, was initialed as being given everyday from 8/1/09 to 8/28/09. Severity: 1 Scope: 3	Y 896		

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Y 936	Continued From page 11	Y 936		
Y 936 SS=F	449.2749(1)(e) Resident file NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. This Regulation is not met as evidenced by: Based on record review on 9/1/09, the facility failed to ensure that 5 of 5 residents complied with NAC 441A.380 regarding tuberculosis (Resident #1 - Annual TB test given on 10/15/08 was more than 365 days since prior annual, #2 - No annual TB test since initial two-step TB test in February of 2008, #3 - Annual TB test given on 10/15/08 was more than 365 days since prior annual, #4 - Annual TB test given on 10/15/08 was more than 365 days since prior annual, and #5 - No documentation of an intial two-step TB test in file) which affected all residents. Severity: 2 Scope: 3	Y 936		
Y 990 SS=F	449.2756(1)(a) Alzheimer's facility pools NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that:	Y 990		

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Y 990	Continued From page 12 (a) Swimming pools and other bodies of water are fenced or protected by other acceptable means. This Regulation is not met as evidenced by: Based on observation on 9/1/09, the facility failed to ensure the swimming pool gate was locked. The swimming pool was full with approximately 10, 000 gallons of water. Severity: 2 Scope: 3	Y 990		
Y 991 SS=F	449.2756(1)(b) Alzheimer's Fac door alarm NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (b) Operational alarms, buzzers, horns or other audible devices which are activated when a door is opened are installed on all doors that may be used to exit the facility. This Regulation is not met as evidenced by: Based on observation and interview on 9/1/09, the facility failed to ensure operational alarms, buzzers, horns or other audible devices were activated when a door was opened to exit the facility. The rear door was not alarmed during the initial tour of the facility. Severity: 2 Scope: 3	Y 991		

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Y 994	Continued From page 13	Y 994		
Y 994 SS=F	449.2756(1)(e) Alzheimer's fac knives NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (e) Knives, matches, firearms, tools and other items that could constitute a danger to the residents of the facility are inaccessible to the residents. This Regulation is not met as evidenced by: Based on observation and interview on 9/1/09, the facility failed to ensure knives and other items that could constitute a danger to the residents of the facility are inaccessible to the residents. Scissors, razors and an iron was found unsecured in the rear bedroom and bathroom. Knives and scissors were unsecured in the kitchen. Two propane gas tanks were unsecured in the back yard. Severity: 2 Scope: 3	Y 994		
Y 999 SS=F	449.2754(1)(g) Alzheimer's Facility NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (g) All toxic substances are not accessible to the residents of the facility.	Y 999		

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Y 999	Continued From page 14 This Regulation is not met as evidenced by: Based on observation on 9/1/09, the facility failed to ensure all toxic substances were not accessible to the residents of the facility. Detergent and chlorine was found unsecured in the back yard. Bleach and cleanser were found unsecured inside the facility. Severity: 2 Scope: 3	Y 999		
Y1036 SS=E	449.2768(1)(a)(2) Dementia Training 449.2768 1. Except as otherwise provided in subsection 2, the administrator of a residential facility which provides care to persons with any form of dementia shall ensure that: (a) Each employee of the facility who has direct contact with and provides care to residents with any form of dementia, including, without limitation, dementia caused by Alzheimer zs disease, successfully completes: (2) In addition to the training requirements set forth in subparagraph (1), within 3 months after such an employee is initially employed at the facility, at least 8 hours of training in providing care to a resident with any form of dementia, including, without limitation, Alzheimer zs disease. This Regulation is not met as evidenced by: Based on record review on 9/1/09, the facility failed to ensure that a minimum of 8 hours of training related to the care of residents diagnosed with Alzheimer's was received within 90 days of	Y1036		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JCR HOME CARE, INC	7160 DARBY AVENUE LAS VEGAS, NV 89117

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y1036	Continued From page 15 hire by 2 of 4 employees (Employee #2 and #4). Severity: 2 Scope: 2	Y1036		
Y1038 SS=E	449.2768(1)(a)(4)Dementia Training 449.2768 1. Except as otherwise provided in subsection 2, the administrator of a residential facility which provides care to persons with any form of dementia shall ensure that: (a) Each employee of the facility who has direct contact with and provides care to residents with any form of dementia, including, without limitation, dementia caused by Alzheimer zs disease, successfully completes: (4) If such an employee is a caregiver, other than a caregiver described in subparagraph (3), at least 3 hours of training in providing care to a resident with dementia, which must be completed on or before the anniversary date of the first date the employee was initially employed at the facility. The requirements set forth in this subparagraph are in addition to those set forth in subparagraphs (1) and (2). This Regulation is not met as evidenced by: Based on record review on 9/1/09, the facility failed to ensure that a minimum of 3 hours of training in providing care to a resident with dementia was completed annually by 1 of 4 employees (Employee #3). Severity: 2 Scope: 2	Y1038		